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APPLICANTS

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** CONTINUING DATA *****

none AS

** FOREIGN APPLICATIONS *****

none AS.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <input checked="" type="checkbox"/>				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

Low profile active shock module prosthesis

FILING FEE RECEIVED 1414	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input checked="" type="checkbox"/> All Fees
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